



*Maine Department of Health and Human Services*

**MECMS Update 79**

**October 1, 2006**

**Billing News & Tips**

**Claims returned for billing mistakes**

The Office of MaineCare Services has recently returned or denied numerous claims as a result of billing errors. The primary reasons for returned and denied claims are listed here, in bold. Please make note of these for future claims submissions. If you have questions regarding returned claims or if you have submitted claims and received no notification regarding them on a remittance statement within a reasonable time period, please contact the Billing and Information Unit at 1-800-321-5557, Option 8 or 207-624-7539, Option 8.

- **Member Birth date listed as 6-digits or not within field**

Member birth dates should always be entered as 8-digits, i.e. 01/01/2006. In addition, the birth date should be within the lines of the particular block. Dates can be printed over the words "birth date."

- **Billing Provider Number is missing or invalid**

If the provider billing number is missing or if it is not a valid MaineCare number, there may be no way for OMS to identify the provider or to know where to return the claim. Claims with these problems will be denied. Check that the provider billing number is for MaineCare and not for Medicare or some other insurance agency. Check to be sure the billing identification number is entered correctly on claims; look for errors such as too many or too few digits. MaineCare billing provider ID numbers always have nine digits.

- **Billing Provider Number not entered in the correct field**

For HCFA 1500 claim forms specifically, the Billing Provider ID number must be entered in Block 33 next to "PIN#". It does not belong next to "GRP#."

- **Confusion of Billing Provider ID with Servicing Provider ID**

Numbers ending with "99" are Servicing Provider ID numbers only and cannot be used as Billing Provider ID numbers. Servicing Provider ID numbers are to be entered in Block 24K of the HCFA 1500 and in the Admin.Use Only section of Box 59 of the ADA 1999 v.2000. Servicing Provider ID numbers are not used on UB92 claim forms.

- **Printing or Typing in non-black ink**

Because paper claim forms are scanned, use of ink other than black will cause the claim to be returned. Please do not use gray, blue or red inks. Claim forms produced with dot matrix printers are also difficult to scan. For best results, the preferred fonts to use are Courier New, OCR-A, OCR-B, Farrington 7B, Lucida Console, Lucidia or Sans Typewriter; all sized 12-point.

- **"Status Inquiry" or other information printed at the top, center of the claim form**

MaineCare TCN numbers are printed at the top, center of claim forms. Information such as "Status Inquiry" cannot be printed in this location, or it will need to be covered in some way.

- **Misalignment of information**  
The high-speed scanners used to scan paper claims are sensitive to information on and over the lines separating blocks or form locators. Please be sure that information is placed within the lines.
- **Signature and/or date is missing**  
Company or practice names should not be used for the signature field.
- **Attachment(s) are two-sided**  
Attachments to claims cannot be two-sided.
- **Claim is not submitted on original claim form**  
Claims must be submitted on an original claim form.

### **Anesthesia modifier update**

Modifier issues are one of the top reasons for suspended claims, so resolving them is a priority for OMS. In particular, anesthesia modifiers account for about 21% of claims suspended with modifier issues.

A claims workgroup known as the “Mod Squad” has been meeting regularly since June of this year to focus efforts on claims suspended with modifier issues.

Current findings by the “Mod Squad” related to anesthesia claims follows.

#### **Pricing Modifiers that are paying correctly:**

- **AA** - Anesthesia services personally performed by anesthesiologist
- **AD** – Medical supervision by a physician; more than four concurrent anesthesia services
- **QZ** – CRNA service, without medical direction by a physician
- **QY** – Medical direction of one CRNA by a physician (paying correctly if submitted by itself)
- **23** – Unusual anesthesia (is paying correctly if submitted with an appropriate primary modifier)

#### **Pricing modifiers paying correctly when MaineCare is secondary to Medicare:**

- **QK** – Medical direction of two, three, or four concurrent anesthesia procedures involving qualified individuals
- **QX** – CRNA service, with medical direction by a physician

#### **Pricing Modifiers that have been end-dated and should not be used:**

- **AB** was end-dated 12/31/99
- **AC** was end-dated 12/31/99
- **AE** was end-dated 12/31/00
- **AF** was end-dated 3/20/04
- **AG** was end-dated 12/31/99

#### **Descriptive Modifiers:**

- **G8** – Monitored anesthesia care for deep complex, complicated or markedly invasive surgical procedure
- **G9** – Monitored anesthesia care for patient who has history of severe cardio-pulmonary condition
- **QS** – Monitored anesthesia care service (this modifier is not included on the list of valid MaineCare anesthesia modifiers communicated to providers).

### **Payments for certified seed providers**

Effective October 1, 2006, the Federal share for MaineCare dollars increased from 62.90% to 63.27%. This will result in a slight increase in the federal payments to certified seed providers. Unfortunately, claims processed during the first week of October were paid at the lower federal payment. This issue has been identified and a correction is being made in the MECMS system to assure proper payment is made beginning next week. The Office of MaineCare Services will initiate a MECMS systems’ adjustment once the adjustment functionality is in place so that seed providers will receive the additional reimbursement owed for this pay cycle at that time.

Also, as a reminder, some claims by certified seed providers are suspending. This is because the seed money that was certified has been used and OMS cannot release these claims for payment until additional dollars are certified for the state share. Please contact OMS at 1-800-321-5557, Option 8, if you have submitted claims for which you have not received denials or payments. It can be verified in the system if a provider needs to submit a Rider A for certified seed monies in order to have the claims released.

### **Correction from MECMS Update #78**

This is a correction and clarification to the "HCFA 1500 billing alert" article that advised providers to place a "Y" in box 24J of the HCFA 1500 when claiming Medicare coinsurance and deductible.

As many providers do not use the "Y" in 24J, the message is that "Y" should be used in 24J for Medicare coinsurance/deductible only when billed by the providers listed below.

Ambulance	Ambulatory Care Clinic
Indian Health Center	Adv. Nurse Practitioner
Mental Health Clinic	Optometrist
Physician	Podiatrist
Psychologist	QMB/ Quimby Provider
Federally Qualified Health Center	
Rural Health Center	
Member has QMB Eligibility	

In addition, Box 29 is the "amount paid" box, so a prior MaineCare or Medicare payment should never be placed in this box. It is used for other third party insurance payments only.

### **837 I schedule update**

It was previously announced that the Office of MaineCare Services was ready to test HIPPA standard transactions for institutional providers. Due to software defects, the MECMS release management team's ability to begin testing and to receive 4010A1 transactions has been delayed.

The schedule that was publicized for receiving and testing files has been temporarily postponed. Based on current MECMS development timelines, we do not expect to address the 837 I transaction related issues before December 2006. Providers will be notified when testing is ready to resume.

Please feel free to contact the EDI team at 287-1783 or 287-5527 if you have any questions or concerns.

### **Contact Us**

**Call:** Toll free in the U.S. and Canada,  
1-800-321-5557  
TTY: 1-800-423-4331  
Augusta area: 207-624-7539

**On the web:** [www.maine.gov/dhhs/bms](http://www.maine.gov/dhhs/bms)

#### **Write:**

MaineCare Billing and Information Unit  
Office of MaineCare Services  
11 State House Station  
Augusta, ME 04333-0011

#### **Our listserv:**

Sign up for a convenient, fast way to get the news you need about billing procedures and other MaineCare provider information:

<http://mailman.informe.org/mailman/listinfo/provider/>

#### **Previous issues of *The MECMS Update*:**

[http://www.maine.gov/bms/member/innerthread/me\\_cms\\_update\\_for\\_provider.htm](http://www.maine.gov/bms/member/innerthread/me_cms_update_for_provider.htm) ■